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ABSTRACT

In 1994, the Carnegie Corporation released "Starting Points: Meeting the Needs of Our Youngest Children," which called for an action agenda to promote responsible parenthood, guarantee quality child care choices, ensure good health and protection, and mobilize communities to support young children and families. In 1996, the Carnegie Corporation created a Starting Points grants program to encourage states and communities to address the challenges posed by its earlier report. Based on a national competition, 14 grants were awarded. This report summarizes the strategies and activities undertaken by each Starting Points site, as well as the overall themes and lessons for policymakers, advocates, and others concerned with the well-being of very young children and their families. Following a layout of the report's methodology and framework for site descriptions, the following sites are listed in the report: Baltimore, Boston, Colorado, Florida, Georgia/Atlanta, Hawaii, Minnesota/Minneapolis, North Carolina, Ohio, Pittsburgh, Rhode Island, San Francisco, Vermont, and West Virginia. The report concludes with lessons and conclusions drawn from the various locations. Appendices present Starting Points strategic partners, sites at a glance, statewide indicators of risk, and summary of strategic approaches by site. (EV)

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STARTING POINTS:

Challenging the "Quiet Crisis"

A DESCRIPTION OF THE STARTING POINTS SITES

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STARTING POINTS:

Challenging the "Quiet Crisis"

A DESCRIPTION OF THE STARTING POINTS SITES

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National Center for Children in Poverty

The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. Its mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States, and that improve the life chances of the millions of children under age six who are growing up poor.

Harvard Family Research Project

The Harvard Family Research Project (HFRP) was established in 1983 at the Harvard University Graduate School of Education by Dr. Heather B. Weiss. The Project conducts and disseminates research about programs and policies to strengthen and support families with young children. The Project's mission is to promote reflection, learning, and sharing about effective approaches to using information to improve outcomes for children and families in communities.

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Executive Summary

In 1994, the Carnegie Corporation of New York released *Starting Points: Meeting the Needs of Our Youngest Children* which called for an action agenda on behalf of America's youngest children and families to promote responsible parenthood, guarantee quality child care choices, ensure good health and protection, and mobilize communities to support young children and families.

In 1996, the Carnegie Corporation created a Starting Points grants program to encourage states and communities to address the challenges posed by the report. Based on a national competition, 14 grants were awarded: eight to states, four to cities, and two to city/state partnerships. (See box.) This report summarizes the strategies and activities undertaken by each Starting Points site, as well as the overall themes and lessons for policymakers, advocates, and others concerned with the well-being of very young children and their families.

THE STARTING POINTS SITES

BALTIMORE	The Baltimore Starting Points Initiative
BOSTON	Connecting the Dots for Boston Tots
COLORADO	Bright Beginnings
FLORIDA	The Florida Starting Points Initiative
GEORGIA/ATLANTA	The Georgia/Atlanta Starting Points Initiative
HAWAII	1-2-3 Steps to a Stronger Community
MINNESOTA/MINNEAPOLIS	Building Better Villages
NORTH CAROLINA	The North Carolina Starting Points Initiative
OHIO	The Ohio Starting Points Initiative
PITTSBURGH	The Pittsburgh Starting Points Initiative
RHODE ISLAND	The Rhode Island Starting Points Initiative
SAN FRANCISCO	The San Francisco Starting Points Initiative
VERMONT	The Vermont Starting Points Initiative
WEST VIRGINIA	The West Virginia Starting Points Initiative

HIGHLIGHTS OF THE FINDINGS

- Three dominant approaches define the efforts of the Starting Points sites. These are:

  Program development and quality improvement approaches that involve expanding and improving program and service delivery. Three of the sites (Baltimore, Minneapolis, and West Virginia) focused on this as their primary strategy.

  Systems change approaches that involve initiating or enhancing leadership mechanisms for planning, decision making, and resource allocation on behalf of very young children and families. Seven of the sites (Boston, Georgia/Atlanta, North Carolina, Pittsburgh, Rhode Island, San Francisco, and Vermont) focused on this as their primary strategy.

  Public-engagement and community mobilization approaches to better inform the public about the importance of the earliest years and to mobilize families and decision makers on their behalf. Four of the sites (Colorado, Florida, Hawaii, and Ohio) focused on this as their primary strategy.

  Notwithstanding the fact that each site had a primary strategy, most sites used a combination of these strategies.

- States used the Starting Points initiative to strengthen preexisting systems change initiatives for young children, or to focus on young children in the context of preexisting initiatives for all children. However, only one of the city-only Starting Points sites was in a state with an explicit preexisting initiative for young children.

- More than half of the sites used the initiative to strengthen the service delivery systems for infants and toddlers and their families, expanding home visiting programs, developing family resource centers focused on very young children and families, or improving the quality of early care programs.

LESSONS LEARNED

1. Building new state-community partnerships requires a "delicate balance" that allows communities autonomy and decision-making authority, but also provides some clear objectives, expected outcomes, and supports through technical assistance, increased funding, and other resources.
2. When sites have a clear vision and goals, they are in a better position to capitalize on political and other opportunities, and to expand the array of strategies that they use.
3. The city-level grants turned the spotlight on the need to build new leadership forms and forums at the city and county level on behalf of children's services. To date, much of the effort to generate systems change has been focused at the state level.
4. Training and technical support that facilitates national, state, and local networking and peer-to-peer dialogue seems most effective.
5. Public-engagement and community mobilization strategies require tailoring messages and approaches to particular audiences, coordination among state and city groups working on children's issues to avoid message confusion, and linkage with national campaigns.
6. Improving opportunities and outcomes for young children and families takes time. There is no quick fix for policies or practices that need to be reframed to better meet the complex needs of today's parents of very young children.

photo credit: Connecting the Dots for Boston Tots

Toddlers make friends while parents plan at a Connecting the Dots for Boston Tots Coalition meeting.

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Introduction

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In 1994, the Carnegie Corporation of New York released a landmark report entitled *Starting Points: Meeting the Needs of Our Youngest Children*. The report synthesized compelling data and called attention to "the quiet crisis" facing America's youngest children—those three years of age and younger. It also framed an action agenda centering around four major goals:

- promoting responsible parenthood;
- guaranteeing quality child care choices;
- ensuring good health and protection; and
- mobilizing communities to support young children and families.

As follow-up to this important work, the Carnegie Corporation created a national Starting Points initiative to encourage states and communities to address the challenges posed by the report. After a competitive proposal process, the Carnegie Corporation awarded 14 grants to 16 sites, involving 10 states and six cities. Eight of the grants were awarded to states (Colorado, Florida, Hawaii, North Carolina, Ohio, Rhode Island, Vermont, and West Virginia), four were awarded to cities (Baltimore, Boston, Pittsburgh, and San Francisco), and two were awarded to city/state partnerships (Atlanta/Georgia and Minneapolis/Minnesota).

THE STARTING POINTS SITES

BALTIMORE	The Baltimore Starting Points Initiative
BOSTON	Connecting the Dots for Boston Tots
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WEST VIRGINIA	The West Virginia Starting Points Initiative

From the perspective of the Carnegie Corporation, the initiative had three goals: (1) to test public-education and engagement strategies that should result in greater awareness of and attention to the developmental needs of young children and their families, (2) to promote the widespread implementation of the Starting Points recommendations under varying circumstances and conditions, and (3) to draw national attention to strategies being tried in Starting Points sites and to assist in their dissemination and further adaptation in other states and communities.[1] To carry out these goals, the sites received two-year grants.[2]

Early in 1997, the Carnegie Corporation asked the Harvard Family Research Project (HFRP) and the National Center for Children in Poverty (NCCP) to undertake a two-part project entitled "Learning from Starting Points." The first phase, the documentation of the initiatives, involves the development of site-specific descriptions intended both to provide a framework for describing information about approaches and activities undertaken by each of the grantees and to identify common themes, dilemmas, and lessons.

The second phase of "Learning from Starting Points" involves the development of two analytic papers. One paper will focus on the approaches that the sites are taking to maximize the learning and development strategies within and across the sites.[3] The second analytic paper will examine the effects of devolution on the Starting Points initiatives.[4]

To ensure that "Learning from Starting Points" accurately reflects the real issues with which the sites are grappling, and to guide the documentation activities, six strategic partners, whose selection was based on nominations from the Starting Points sites at the project's inception, have played a key role in advising and shaping the framework and the data collection. (The Strategic Partners are listed in Appendix A.)

This report focuses on the first phase of the project, the description of the sites. It highlights site-specific information, cross-site themes, and lessons learned. This section provides an overview of the methodology and a discussion of the framework, followed by profiles of each site. The report concludes with a discussion of overall cross-site patterns and a summary of the common themes, issues, and dilemmas.

THE METHODOLOGY

The site descriptions were developed in three phases. First, the HFRP/NCCP team and the Strategic Partners developed a preliminary framework and set of ques-

tions, reviewed all available materials from the sites, and synthesized the data for each site according to the framework. Second, these draft site descriptions were then discussed with site directors who shared them with others at the site for review. The profiles were subsequently revised and then compiled into a document that was shared with all the sites in May 1997, at the Pittsburgh Learning from Starting Points Institute. That preliminary document also included tentative lessons and themes, which the site teams were also asked to review. Third, to ensure that site insights were captured in drawing conclusions and highlighting shared issues, the documentation team then organized a series of conference calls. Sites were grouped according to the three major types of change strategies that the site leadership reported: program development and quality improvement strategies, systems change strategies, and public-engagement and community mobilization strategies. Participants discussed lessons learned from the initiative as well as the value added of the Starting Points initiative. For this report, the descriptive framework was modified slightly to ensure sufficient attention to the context within which the Starting Points initiative is embedded. The final version was reviewed both by the Strategic Partners and the sites.

THE FRAMEWORK FOR STARTING POINTS SITE DESCRIPTIONS

Each Starting Points site profile provides information about the individual initiative, including:

- an overview with the initiative's name, auspices, and major goals;
- the larger context for the initiative;
- the site-specific approaches used to implement the vision;
- the site's formal mechanisms to assess the initiative; and
- selected state-level and/or city-level sociodemographic information to give a general indication of child and family risk.

Overview of the Site Initiative

This section provides a capsule picture of the aims and auspices of each site's Starting Points initiative. It illustrates the range and variation in the way the sites are implementing Starting Points, highlighting for each site the overarching focus, strategies, and leadership auspices.

Setting the Larger Context

This section briefly describes the larger context for each Starting Points site. For example, some sites are located in states with preexisting systems change efforts, and others are using Starting Points to jump-start such efforts. In most instances, it is critical to know this larger context to understand why a particular initiative is structured as it is.[5]

Site-Specific Approaches

Three dominant approaches define the efforts of the Starting Points sites. These are:

- ***Program Development and Quality Improvement Approaches.*** The general aim of these efforts is to enhance the quality of programs for children three years of age and younger and their families by initiating, deepening, expanding, or testing approaches to providing or improving services.
- ***Systems Change Approaches.*** In general, these include initiating or enhancing leadership mechanisms for planning, decision making, and resource allocation to better meet the needs of young children and families within a state or local context, or enhancing the focus on early childhood within an existing systems change strategy.
- ***Public-Engagement/Community Mobilisation Approaches.*** These approaches are designed to increase awareness of the importance of the early-childhood years, in a variety of audiences, in order to improve the health and developmental outcomes of young children. Strategies include broad public engagement campaigns, often using the media, targeted education and advocacy strategies to reach public policymakers and business leaders, and, on the community level, approaches to involve parents in local decision making and advocacy.

Each site description highlights the particular set of activities that characterize that site's efforts in the areas of *program development, systems change*, and *community mobilization*. However, as with any attempt to categorize complicated, multipronged programs occurring in a wide range of state and community contexts, the approaches used can be characterized in more than one way. For example, engaging parents in community decision-making structures can be seen as either a community mobilization or a systems change strategy. (If the site has not developed a specific approach, this is noted in italics.)

In addition, each site was asked to identify its *primary* strategy. This is indicated at the top of each description. However, it should be noted that while identifying a primary strategy is useful for capturing the varied emphases across the sites, it is also arbitrary, and may not accurately capture how other strategies feed into the primary strategy.

Formal Learning Mechanisms

As part of the Carnegie Corporation's requirements, each site has been asked to develop a formal strategy to assess the impact of the Starting Points initiative. Typically, this involves either a formal evaluation strategy and/or the use of outcome indicators. As noted earlier, other aspects of each site's learning and development activities will be described in a separate analytic paper focused solely on this topic.

Statewide Indicators of Risk

Finally, for each site, we have highlighted data on a set of child and family risk indicators that characterize the state in which the Starting Points project exists. (In the case of cities, risk indicator data were either not available or not comparable across sites, so only state-level information could be included; however, we recognize that the state-level data do not accurately reflect the level of risk in the funded Starting Points cities.) The specific indicators[6] used are the poverty rate for children age six and younger, the low birthweight rate,[7] the immunization rate for two-year-olds,[8] and the teen birth rate.[9] (See Appendix C for a full listing of the data and sources for each Starting Points site.) These data are based on nationally reported state-by-state data.[10] They are included because they capture the range of gross need within the Starting Points jurisdiction. They do not necessarily reflect the situation in particular locations that are the target of specific efforts.

NOTE:

It should be underscored that the site-specific descriptions are not intended to evaluate the Starting Points sites or the overall initiative. Nor are they intended to describe all the specific activities in which the sites engaged. Rather, the aim is to describe in a straightforward way each site's general approach, aims, strategies, and accomplishments, and to identify cross-cutting themes and potential lessons for the sites themselves, for the foundation world, and for other large-scale system reform efforts.

Starting Points
Site Descriptions

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BALTIMORE

THE BALTIMORE STARTING POINTS INITIATIVE

PRIMARY STRATEGY:

Program Development/ Quality Improvement

OVERVIEW

Baltimore's Starting Points is centered around a program development strategy. In coordination with the Baltimore City Healthy Start initiative, the aim is to extend the Healthy Start model to include young children as well as infants so that families have the necessary supports to help children thrive, grow, and enter school ready to learn in two target communities. Baltimore's Starting Points is coordinated under the leadership of the Baltimore City Health Department and is administered by and coordinated with the city's Healthy Start initiative.

THE LARGER CONTEXT

Related State and City Initiatives

The state funds prekindergarten programs targeting children in high-risk communities as well as a network of family support centers for very young children and their families. There are no existing state or city systems change or community mobilization strategies specifically targeting young children and families, but Maryland does have a statewide children's systems reform initiative targeting primarily children in or at risk of out-of-home placement. In addition, recent state legislation has created local management boards that will change the local decision-making structures for all human services. Baltimore City also has an initiative to implement a federally funded Healthy Start program, for which the state does not contribute funding.

Statewide Risk Indicators

Maryland

0–6 Poverty rate:	17.1%
Low birthweight:	8.3%
Immunization rate:	78%
Teen births:	32 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Healthy Start expansion for children who are under age three but too old for Healthy Start's eligibility guidelines. Healthy Start services are available to a family until its child reaches age three; however, initial eligibility is for pregnant women and families with children under six months of age. To reach 450 additional families with children older than six months, Baltimore's Starting Points added three additional case management teams. The teams provide outreach, case management, home visiting, emergency support, linkages to family planning and pediatric care, and referral for substance abuse treatment, employment, and education.

Neighborhood-based program modeled after Early Head Start. Baltimore's Starting Points has developed an Early Head Start-type program, which is operated out of one of the Healthy Start centers, to focus on young children.

Child care settings for infants and toddlers expanded and linked. Baltimore's Starting Points has worked with the Baltimore Child Care Resource Center to expand and improve infant and toddler care in the two target neighborhoods. It is replicating an East Baltimore initiative in West Baltimore that recruited and trained infant care providers to develop, maintain, and support 50 new infant care slots, and is linking the two initiatives.

Violence prevention and community safety training in Healthy Start/Starting Points programming. Baltimore's Healthy Start plans to include strategies to foster violence prevention and community safety, offering training to Healthy Start providers, child care providers, parents, and children in the two target areas.

Systems Change Approach

Enriched case management in Medicaid managed care. Baltimore's Healthy Start/Starting Points has secured an agreement for the use of an enriched model of case management in Medicaid managed care and health management organizations.

Increased awareness of early-childhood issues within the Healthy Start steering committee. Baltimore's Starting Points has built greater awareness within the Citywide Healthy Start Project Area Consortium about the importance of family support and early-childhood services to supplement the coalition's focus on early health and perinatal issues.

Client tracking system and evaluation strategies. Baltimore's Healthy Start/Starting Points promotes the use of a client tracking data system and evaluation strategies to inform the consortium and to build a framework for decision making by local management boards.

Replication of the service delivery model. "Baltimore's Action Plan for Children and Youth," to be submitted on behalf of the city to the Robert Wood Johnson Foundation for implementation funding, has proposed to take the Healthy Start/Starting Points model of home visiting/case management and provide such services to all families with children birth to six, in the highest-risk areas of the city.

Public-Engagement/Community Mobilization Approach

Program- and community-level approach. The Healthy Start/Starting Points programs are educating families in the target communities about early childhood brain development to enhance understanding of the importance of a child's earliest years.

City-level approach. Under the umbrella of Starting Points, a Healthy Start subcoalition is working to develop a coordinated Reach Out and Read campaign for Baltimore City.

State-level approach. Healthy Start/Starting Points has joined in a new partnership with a statewide public-engagement campaign, coordinated by Friends of the Family (a private, nonprofit organization), to foster supports for families with young children and disseminate widely the new findings on brain development. (Friends of the Family provides leadership to Maryland's network of family resource centers targeting high-risk, young, low-income families.)

Formal Learning and Development Approach

Program outcome evaluation with individual and community-level components. Baltimore's Starting Points evaluation is integrated into the outcome evaluation of Healthy Start being conducted by Johns Hopkins School of Hygiene. All Starting Points clients will be interviewed in a nonrandomized pre-post test design, focusing on parenting attitudes and skills, planned childbearing, and health care utilization. The analysis will include assessment of the community-level impact of Starting Points and provide information on the community context in which Starting Points is being implemented.

Client and her child receive a certificate for completion of the Early Learning Program amidst other students and staff at the Baltimore City Healthy Start.

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BOSTON

CONNECTING THE DOTS FOR BOSTON TOTS

PRIMARY STRATEGY:
Systems Change

OVERVIEW

Boston's Starting Points initiative, Connecting the Dots for Boston Tots, is a systems change approach that includes program development and public-engagement/community mobilization components. It combines developing citywide leadership (including the mayor's office) with program development and community mobilization in targeted communities. Both the citywide and the community-level efforts involve a strong commitment to building parent leadership. Connecting the Dots is staffed by the three lead organizations: The Family Nurturing Center, Parents United for Child Care, and Health Care for All, which is linked to United Way's Success by Six, a five-year initiative aimed at improving the lives of young children in the greater Boston area.

THE LARGER CONTEXT

Related State and City Initiatives

Massachusetts has a flexible prekindergarten initiative, Community Partnerships for Children, designed to foster connections across all early-care and education settings. In addition, some state funding is available for coordinated community support to families with infants and toddlers through the Massachusetts Family Network (Department of Education), Pregnancy and Parenting Support (Department of Public Health), Community Connections Coalitions to Support Families (Department of Social Services), and Family Resource Centers (Massachusetts Children's Trust Fund). This year the Massachusetts legislature also passed a newborn home-visiting bill spearheaded by the Children's Trust Fund and other Dots partners. The bill provides funds to ensure universal home visiting for first-time adolescent parents. The city of Boston does not have any preexisting citywide initiatives for children three years of age and younger, although there are individual programs for young children and their families.

Statewide Risk Indicators

Massachusetts

0–6 Poverty rate:	19.0%
Low birthweight:	6.0%
Immunization rate:	85%
Teen births:	24 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Circles of Caring service integration. Through a neighborhood community mobilization strategy with a strong program component, Connecting the Dots for Boston Tots is developing a model for integrating services and expanding resources available to families with children three years of age and younger. The goal of Circles of Caring is to ensure that all families with young children within a given neighborhood know about and are linked to comprehensive resources based on family needs and preferences. In partnership with Dorchester CARES, a preexisting community collaborative for families, Connecting the Dots secured a state Department of Education grant as part of its Massachusetts Family Network initiative to implement the Circles of Caring strategy in Dorchester and organize neighborhood action groups in three other communities. The aim is to build the foundation for citywide replication. As part of Circles of Caring, Connecting the Dots for Boston Tots is joining with birthing hospitals to organize Welcome Baby visits in the target communities, starting in Dorchester. This effort requires working with each individual hospital around discharge protocols. Connecting the Dots is also working with the state to coordinate ongoing home visiting for babies identified as high risk through First Links, which involves using electronic birth certificates to identify at-risk families.

Systems Change Approach

The Connecting the Dots for Boston Tots Coalition. Comprised of more than 40 partner organizations, the coalition has broad, citywide representation and continues to grow. Three working groups focus on neighborhood action, public policy, and public awareness. Each is staffed by a parent and a leader from a partner organization.

Public-Engagement/Community Mobilization Approach

Intensive parent engagement. Connecting the Dots for Boston Tots has developed a parent leadership group and a citywide parents network to provide a structure for reaching, engaging, and empowering parents by involving them in all aspects of the Dots initiative.

Parent Training of Trainers. Connecting the Dots for Boston Tots parent leaders have begun organizing "Training of Trainers" workshops to disseminate critical information to neighborhood parents and providers on ways to enhance early-childhood health and development. The first Training of Trainers sessions used early brain development research (and the Florida Starting Points curriculum) to prepare over 30 parents, family advocates, and parent educators to serve on Boston's Brain Resource Team.

Legislative approaches. The public policy agenda growing out of the work of the coalition and the Parent Leadership Group addresses three legislative priorities: (1) affordable child care through its Affordable Child Care for Everyone campaign (ACE), (2) universal home visiting for teenage parents, and (3) health care access for children.

Formal Learning and Development Approach

Participatory process evaluation. A university-based participatory evaluation is being designed that will help provide feedback to the Connecting the Dots for Boston Tots Coalition working groups and leadership, all of whom are also developing their own benchmark indicators of progress.

Development of accessible data base. An effort is planned to develop a data base to monitor the number and key characteristics of families in the target communities, as well as to facilitate access to these data by community leaders.

This Dorchester toddler and his mother were seen by home visitors during a pilot of "Welcome Baby!" a Massachusetts Department of Public Health FirstLink initiative, also supported by the Department of Education's Family Network and linked to Boston's Starting Points Initiative.

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COLORADO

BRIGHT BEGINNINGS

PRIMARY STRATEGY:

Program Development/ Quality Improvement

Public Engagement/ Community Mobilization

OVERVIEW

Colorado's Starting Points initiative, Bright Beginnings, combines a public engagement and community mobilization approach with a program development approach. The community mobilization approach builds on an existing systems change strategy for young children by strengthening the focus on infants and toddlers. The program development approach centers on creating a volunteer-based home-visiting program to welcome newborns into the community. Bright Beginnings is a public/private partnership that was originally part of the Colorado Children's Campaign, but in April 1997 it was granted 501(c)3 nonprofit status. A statewide board of directors is cochaired by the Governor (a Democrat), the president of the senate (a Republican), and a former corporate CEO, and includes leadership from media, education, business, religious, senior, child advocacy, and health care representatives.

THE LARGER CONTEXT

Related State Initiatives

Colorado's First Impressions is a comprehensive systems change initiative focused on children from birth to six with both planning and program components. To date, planning has been conducted primarily at the state level, but there is a new effort to build local early-childhood boards to support planning and decision making at the local level. The program components include an enhanced prekindergarten program and a network of family centers.

Statewide Risk Indicators

Colorado	
0–6 Poverty rate:	21.7%
Low birthweight:	8.5%
Immunization rate:	74%
Teen births:	34 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Warm Welcome for newborns and their families. Warm Welcome is a home-visiting program for newborns and their families, using trained volunteers from local neighborhoods to provide families with a community gift as well as information about early development, community resources, and state programs, including the Colorado Child Health Plan. As of August 1997, the program was operational in 41 counties, with more than 600 home visitor volunteers making more than 2,400 visits. Parents receive follow-up calls from a volunteer phone counselor four times in the infant's first year. Bright Beginnings estimates that 20 percent of families visited are linked with ongoing community-based resources.

Materials for parents. Bright Beginnings has developed attractive, easy-to-read reference guides in English and Spanish for new parents on child health, development, and safety, and on choosing quality child care. Other materials on child care presenting information about recent brain research have also been developed for families, volunteers, and service providers.

Systems Change Approach

Bright Beginnings has no direct systems change approach. It focuses on program development and public engagement/community mobilization using public/private partnerships.

Public-Engagement/Community Mobilization Approach

Development of a broad constituency to support the early-childhood agenda. To supplement its statewide steering committee, Bright Beginnings has developed 12 regional sites with local steering committees and 14 professional staff coordinators. In addition, community meetings have been held in almost every area to raise awareness and mobilize all segments of the community around the needs of young children.

Outreach to employers to improve workplace policies and programs related to child care, parental leave, and family support. Through regional meetings, an annual statewide summit called the Colorado Employer Summit on the Future of the Work Place, and several publications including a handbook on family-friendly policies, Bright Beginnings is working to mobilize the employer community to adopt workplace policies and programs that enable workers to manage work and family life.

A comprehensive media campaign. Bright Beginnings has developed an ambitious media campaign. As of February 1997, more than 250 newspaper and magazine articles, television shows, and syndicated columns featuring Bright Beginnings have appeared in the Colorado and national media espousing the importance of the early years to a child's healthy development.

Support of an early-childhood policy agenda. Although Bright Beginnings is a nongovernmental effort, key policymakers are on the statewide board of directors and provide quarterly briefings to educate other steering committee members about pending legislation impacting young children.

Formal Learning and Development Approach

Survey to assess scope of initiative. Bright Beginnings will assess the number of children served by the home-visiting program and will use feedback about the program to make midcourse corrections. It will also monitor changes in outcomes-based indicators used in Colorado KIDS Count.[11]

Formal evaluation of Warm Welcome. Working with university-based researchers, Bright Beginnings is also developing a formal evaluation of Warm Welcome and a related program for teen parents.

photo credit Al Mida

A Warm Welcome volunteer, with her 4-year-old daughter, speaks to parents and volunteers at Bright Beginnings' first birthday party.

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FLORIDA

THE FLORIDA STARTING POINTS INITIATIVE

PRIMARY STRATEGY:

Public Engagement/ Community Mobilization

OVERVIEW

Florida's Starting Points initiative is centered around a public-engagement and community mobilization approach with special components for different audiences. The Florida strategy is to use recent research about early brain development[12] as a tool to mobilize state and community stakeholders to improve and better integrate public- and private-sector policies. Leadership is provided by a three-agency collaboration, the Florida Children's Forum, the Florida Center for Children and Youth, and the Center for Education Enhancement and Development (CEED) at Florida State University.

THE LARGER CONTEXT

Related State Initiatives

Florida supports a program initiative for infants (Healthy Start) and an initiative for preschoolers (state prekindergarten programs), along with a number of discrete state- and community-level planning initiatives to meet the needs of young children.

Statewide Risk Indicators

Florida	
0–6 Poverty rate:	27.0%
Low birthweight:	7.4%
Immunization rate:	78%
Teen births:	42 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Technical assistance for local groups. Florida's Starting Points supports a consultant who responds to technical assistance requests from local groups interested in expanding and coordinating their services for young children and families.

Systems Change Approach

Coordination with TEAM Florida. The Starting Points steering committee works collaboratively with other groups in the state, such as TEAM Florida, a consortium of 85 organizations in charge of implementing the state's Family Preservation/Family Support initiatives, to build on the brain research momentum and to develop a more coherent systems change strategy for the state's young children and families.

Public-Engagement/Community Mobilization Approach

Community mobilisation based on a train-the-trainers approach. Using materials developed on the implications of recent research on early brain development, Florida's Starting Points has used a train-the-trainers approach to establish a statewide network of trainers. These trainers, representing a wide array of public and private organizations and leadership (including the Governor), lead workshops in their communities that build awareness of the importance of a child's earliest years and explore the policy implications. This train-the-trainers approach is intended to build constituency interest and support, as well as to enhance the awareness of research-based knowledge.

Targeted media campaign. Florida's Starting Points is implementing a targeted media and grassroots public-awareness campaign that includes focus groups as well as polling strategies. It has also developed and distributed a guide to effective media coverage for early-childhood initiatives.

Supporting an early-childhood legislative agenda and increasing policymakers' awareness of early-childhood issues. The team has used information about the importance of the earliest years to mobilize and sustain public and legislative support for an early-childhood agenda. In this last legislative session, which involved a change in party leadership, funding for early childhood was increased. The Florida Starting Points

team is developing a children's awareness training session for new legislators.

Early Childhood Counts. The Florida Starting Points team has created a special section of the state KIDS COUNT[13] that focuses on the well-being of very young children.

Formal Learning and Development Approach

Development of a process evaluation. Florida's Starting Points will identify measures for tracking progress toward meeting the initiative's major goals. In addition, it has developed an evaluation strategy and instruments to gather immediate feedback on the effectiveness of the train-the-trainers initiative.

photo credit: Stanley Bernard

Children gather at a park outing.

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GEORGIA/ATLANTA

THE GEORGIA/ATLANTA STARTING POINTS INITIATIVE

PRIMARY STRATEGY:
Systems Change

OVERVIEW

The Georgia/Atlanta Starting Points initiative combines a state-level strategy intended to focus attention on infants and toddlers with an existing systems change initiative for children of all ages, and a city- and county-level initiative in three pilot communities. Starting Points is coordinated by the Family Health branch of the Division of Public Health, and work is nested within the state's Family Connection initiative, which consists of community collaborative planning groups and an infrastructure of state-level facilitation and support. The project is also advised and supported by several other key organizations and agencies, including the Metropolitan Atlanta Community Foundation, the Georgia Children's Trust Fund, and the Georgia Policy Council for Children and Families.

THE LARGER CONTEXT

Related State and City Initiatives

Georgia's Initiative for Children and Families, targeting children of all ages and their families, links program and planning strategies at the state level. This initiative seeds neighborhood family service networks, using family centers in or near elementary schools as hubs. Leadership comes from the Policy Council for Children and Families. At the community level, Family Connection communities, which receive some support from the state, create local collaboratives to identify local needs and coordinate programs on behalf of children of all ages. (There are 86 Family Connection communities; 15 of these are newly designated, with funding approved by the 1997 legislature.) Georgia also has a rapidly expanding prekindergarten program for all four-year-olds and an initiative to expand the Healthy Families Georgia program targeting first-time parents. It also supports, and has recently expanded, Children 1st, involving screening of newborns.

Statewide Risk Indicators

Georgia

0–6 Poverty rate:	24.5%
Low birthweight:	8.5%
Immunization rate:	75%
Teen births:	49 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Standardised screening and assessment instruments to identify at-risk infants. A working group of state-level and community partners produced a standard birth screening instrument, based on the Children 1st screening tool and a pilot family assessment instrument for the target sites, to use in determining individual strengths, resources, needs, and preferences of families with young children.

Link to appropriate services. Families at higher risk participate in family-focused assessments and are offered and linked to appropriate services, including health care, parenting support, child care, and education. Pilot communities are using the family assessment process to document service gaps and to develop needed services.

Training and technical assistance. The Georgia/Atlanta Starting Points leadership team and state staff provide training and technical assistance to assist local site staff in the unfolding process of systems development in the communities and in the provision of family-centered assessments.

Systems Change Approach

The Model System of Family Contact and Support. Georgia's Starting Points Model System of Family Contact and Support is being implemented in three diverse communities: a neighborhood in the Atlanta

Empowerment Zone, a rural county, and a small city. The model involves screening and contacting all families upon the birth of a child, assessing the strengths and needs of higher-risk families, linking families to appropriate services, and providing ongoing monitoring through the Children 1st system for higher-risk families until the child reaches age four (the age for entry into Georgia's prekindergarten program). The aim is to fine-tune the model and then implement it more widely.

Expanded Children 1st screening. A Starting Points working group participated in a series of working and training sessions to promote and develop guidelines for the expansion of the preexisting but unfunded Children 1st screening and tracking system for higher-risk children. Children 1st is managed by district public health departments. A $4.8 million expansion of Children 1st, requested by the Governor, was approved by the 1997 legislature. This permits the coverage of children to be extended to age four and implementation of the key functions in the Starting Points Model System of identification and screening for all births, and assessment and tracking of higher-risk births.

Public-Engagement/Community Mobilization Approach

Communications plan on the importance of early childhood. A communications plan has been developed with communities to publicize the Starting Points initiative and the importance of the first years of life.

Formal Learning and Development Approach

Self-assessment evaluation. Georgia/Atlanta Starting Points uses a self-assessment evaluation to measure process and outcomes. The state-level assessment is designed to fit in with the broader systems change evaluation strategy but focuses on the state Starting Points office and the three target communities that are implementing the Model System of Family Contact and Support. Monthly reports are produced for the Starting Points Evaluation Steering Committee to provide feedback on the implementation of the Model System. Local community evaluations will be shaped by the community to address local procedures and benchmarks as well as outcomes for individual families. Semiannual reports of aggregated community data will be available.

photo credit: Georgia's Starting Points Initiative

Starting Points Family Service Coordinator reads a book with a toddler and her mother at the Paulding Collaborative for Children and Families' Family Resource Center.

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HAWAII

1-2-3 STEPS TO A STRONGER COMMUNITY

PRIMARY STRATEGY:

Public Engagement/ Community Mobilization

OVERVIEW

1-2-3 Steps to a Stronger Community uses a public-engagement and community mobilization approach to foster systems change. Working with families and service providers in three target communities that already have active leaders and core services for young children in place, 1-2-3 aims to create a seamless system of care that respects the cultural backgrounds of families and knits together health care, child care, and family support. 1-2-3 is a partnership of the Hawaii Medical Association, the Hawaii Governor's office, and the Good Beginnings Alliance.

THE LARGER CONTEXT

Related State Initiatives

Hawaii has developed and funded a nationally recognized and frequently replicated network of Healthy Start family support programs that, until recently, has been continuously expanded by the state. An innovative early-childhood bill, introduced by the Governor, was passed during the 1997 legislative session. It establishes in statute a new community-based, public/private partnership, Good Beginnings, to develop a coordinated, results-focused, and integrated system of early-childhood services across the islands.

Statewide Risk Indicators

Hawaii

0–6 Poverty rate:	18.4%
Low birthweight:	7.2%
Immunization rate:	82%
Teen births:	32 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

1-2-3 principally relies on a community mobilization approach to generate program improvements. For example, 1-2-3 has worked to support Na Lei Malama, which is a community-organized, culturally competent initiative dedicated to the development of locally integrated health, early education, and family support services.

Systems Change Approach

Coordination with Good Beginnings. 1-2-3 is a part of the Good Beginnings statewide early-childhood initiative and works within the Good Beginnings governance and coordinating framework on both the local and state levels. Grassroots 1-2-3 efforts are building capacity in specific communities to sustain a responsive, locally-based service delivery system utilizing the Good Beginnings community-based governance structure. In addition, it is expected that lessons learned from these 1-2-3 sites can help inform the Good Beginnings policy agenda in advancing state-level system reform outcomes adopted by the private, nonprofit Good Beginnings Alliance and the Good Beginnings Interdepartmental Council of state agency directors.

State-level intergovernmental coordination. 1-2-3 works with state-level agencies, policymakers, and other providers to increase cross-system and cross-professional collaboration and to create the fiscal, technical, and programmatic supports to help the target communities. The Good Beginnings Interdepartmental Council is the primary focal point for interdepartmental collaboration and decision making. Members of the Interdepartmental Council and other key administrators have been actively pursuing financial strategies to address more effectively common early-childhood outcomes, including maximizing federal revenue specifically related to the remaining open-ended entitlement programs.

Promoting a medical home model and an early intervention trust fund. 1-2-3 has been influential in improving support for families with at-risk, special-needs children by promoting the medical home model for primary health care as well as establishing an early intervention trust fund. Approved by the legislature during the last session, the trust fund is an important vehicle to maximize both public and private resources.

Informing state-level leaders. 1-2-3 has established a Starting Points Resource Council composed of professionals, members of the private sector, and other agency personnel who are kept informed about the Starting Points process and are called upon for appropriate technical assistance.

Public-Engagement/Community Mobilization Approach

Using natural leaders in the community. 1-2-3 identifies and works with an early-childhood interest group of natural leaders and local services providers in each of the three target communities to increase community responsiveness to local needs. These local leaders help 1-2-3 build on local customs, particularly regarding kinship and clan, to better link existing services.

Community-level public-education efforts. Each target community is developing a public-education campaign aimed at providing information in a community-responsive way in places where families congregate, such as local laundromats.

Formal Learning and Development Approach

Process evaluation. Using an outside researcher, 1-2-3 is developing a process evaluation that is respectful of the community mores and captures meaningful indicators of community mobilization and professional collaboration.

Outcomes-based evaluation. 1-2-3 is also developing an outcomes-based evaluation with the capacity to provide feedback for decision making.

photo credit: 1-2-3 Steps to a Stronger Community

Mother and infant attend a parenting class in Pahoa, in the southeastern section of the Island of Hawaii.

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MINNESOTA/MINNEAPOLIS

BUILDING BETTER VILLAGES

PRIMARY STRATEGY:

Program Development/ Quality Improvement

OVERVIEW

The Minnesota/Minneapolis Starting Points initiative, Building Better Villages, is a combined city-state initiative that has at its core a program development and quality improvement approach to enhance services to young children in low-income communities of color, particularly Asian communities. A second aim is to link an early-childhood agenda with an existing systems change effort in Minnesota that has not previously targeted young children and families. Leadership is provided by the state Department of Children, Families, and Learning (DCFL) and the Minneapolis Way to Grow. Other partners are the Early Childhood Resource Center (ECRC) serving South Minneapolis, and Cultural Beginnings, a program of the state Resource and Referral Network.

THE LARGER CONTEXT

Related State and City Initiatives

For young children, Minnesota offers almost universally available parent education through the Early Childhood and Family Education program, which operates out of school districts, as well as the Learning Readiness Program, which supports locally designed family support programs, prekindergarten programs, and enrichment activities for at-risk three-and-one-half, and four-year-old children. The major systems change initiative, Family Services Collaboratives, is focused on children of all ages. The purpose of the initiative is to encourage and support the integration of health, education, and social service systems in each of the 87 counties. Minnesota Milestones, which is also statewide, is an effort to develop state child-outcome indicators. Minneapolis has several program initiatives targeting young children, including Way to Grow, but no overall systems change strategy.

Statewide Risk Indicators

Minnesota	
0–6 Poverty rate:	21.3%
Low birthweight:	5.2%
Immunization rate:	79%
Teen births:	20 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Cultural sensitivity in early-childhood programs. Starting Points has enabled the ECRC to hire a community outreach worker to work with unlicensed child care providers in the poorest and most ethnically diverse part of Minneapolis. Starting Points has enabled Cultural Beginnings to hire a community specialist to work with a Southeast Asian community. The resulting coalition is developing a community center that will include a twenty-four hour child care center for those with second- and third-shift jobs at local factories.

Systems Change Approach

Enhancing Family Services Collaboratives. Family Services Collaboratives leadership is planning to use $5,000 in technical assistance money provided by the Starting Points grant to contract with ECRC to provide training to staff at the collaboratives on the relationships between cultural competency and child development.

Public-Engagement/Community Mobilization Approach

A statewide campaign. The Starting Points staff participates in a statewide campaign for children that is in the planning stages.

Formal Learning and Development Approach

Multiple evaluation approaches. Each individual program is developing its own evaluation approach. There is no statewide evaluation of the Starting Points initiative, although technical assistance is provided to Family Services Collaboratives for local on-site evaluations of early-childhood efforts.

NORTH CAROLINA

THE NORTH CAROLINA STARTING POINTS INITIATIVE

PRIMARY STRATEGY:
Systems Change

OVERVIEW

North Carolina's Starting Points initiative enhances a preexisting statewide comprehensive initiative for children and families, Smart Start, by improving program quality and enhancing local planning and decision making. The Starting Points initiative is led and administered by the North Carolina Partnership for Children, a nonprofit organization that sets guidelines for, provides oversight of, and offers technical assistance to the 47 local Smart Start partnerships, which cover 55 of the state's 100 counties.

THE LARGER CONTEXT

Related State Initiatives

North Carolina's Smart Start is a comprehensive state and local planning initiative focused solely on young children and families to help communities and counties develop and coordinate programs for young children. Statewide components of Smart Start include implementing a child immunization campaign, decreasing child/staff ratios for infants and toddlers, increasing the number of state child care monitoring and licensing staff, increasing the child care tax credit on a sliding scale for families, providing scholarships for child care teacher training at community colleges, and implementing a comprehensive community leadership development program for early-childhood professionals.

Statewide Risk Indicators

North Carolina	
0–6 Poverty rate:	24.7%
Low birthweight:	8.4%
Immunization rate:	82%
Teen births:	44 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Technical assistance to local Starting Points partnerships. Starting Points requested technical assistance plans from local collaboratives and disbursed $5,000 in technical assistance vouchers to them.

Scholarships for T.E.A.C.H. Starting Points manages a program of scholarship funds for T.E.A.C.H. (Teacher Education and Compensation Helps), North Carolina's well-known early-childhood professional development program, for those employed in regulated child care programs.

Guidelines for core services. Starting Points develops guidelines for core services regarding quality, accessibility, affordability, access to health care, and family support for all local partnerships. These guidelines are to be used to maintain the integrity of the Smart Start approach across the range of communities that are implementing it.

Convening meetings on issues affecting program quality. Starting Points has periodically organized special meetings about issues affecting program quality. For example, a summit on transportation issues was held to help rural partnership counties address barriers to service.

Systems Change Approach

Enhancing local planning and coordination capacity. A Starting Points program trainer/evaluator develops and coordinates a training calendar. A continuum of training is offered around different components of Smart Start designed to help local partnerships with planning, management, decision making, and other activities. These services have been especially crucial for the newer partnerships, which tend to have less experience in these areas.

Local Partnership Advisory Committee. Starting Points has established a Local Partnership Advisory

Committee to serve as a primary liaison between local partnerships and the state-level North Carolina Partnership for Children Board to ensure two-way communication between the state and local levels.

Public-Engagement/Community Mobilization Approach

North Carolina Starting Points relies primarily on program improvement and systems changes approaches.

Formal Learning and Development Approach

The Smart Start evaluation. There is an ongoing, university-based, statewide evaluation of Smart Start, which involves analysis of trends through large samples of children, families, and child care centers from both the original and the most recent partnerships. There is no separate evaluation of the Starting Points approaches.

Photo credit: North Carolina Partnership for Children

A toddler plays in a child care center in West Raleigh, supported in part by Smart Start, North Carolina's comprehensive approach to helping young children.

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OHIO

THE OHIO STARTING POINTS INITIATIVE

PRIMARY STRATEGY:

Public Engagement/ Community Mobilization

OVERVIEW

Ohio's Starting Points initiative enhances program development, systems change, public engagement, and community mobilization in its preexisting Ohio Family and Children First initiative (OFCF) by involving more families and community representatives in the larger initiative at both the state and local levels. To do this, Starting Points allocates funds to five regional teams to support family coordinators and their activities. Each of the regional teams is responsible for about 18 counties. Family coordinators facilitate family and community involvement in local council activities, including local program development, governance, community outreach, and neighborhood development. They also engage in state-level mobilization activities.

THE LARGER CONTEXT

Related State Initiatives

The Ohio Family and Children First initiative promotes improved public policy and enhanced coordination and collaboration among state and local governments, nonprofit organizations, businesses, media, and families, to ensure that all children enter school ready to learn. Under this initiative all 88 counties in the state have established local Family and Children First Councils, comprised of local service providers, families, businesses, and local government entities. The state and local councils focus on three main objectives: (1) ensuring that infants and children are healthier; (2) increasing access to quality preschool and child care for families desiring enrollment for their children; and (3) improving services to aid family stability.

In addition to establishing the local councils, the Ohio Family and Children First initiative sponsors multiple activities designed to improve the well-being of Ohio's young children and families. At least two major activities of the OFCF initiative are related to, but not directly funded by, the Starting Points grants. They are Help Me Grow, a statewide health promotion and outreach program to help reduce the number of preventable infant deaths and illnesses, and Early Start, which offers comprehensive child and family development activities through home visiting (starting before birth and continuing through age three) for children at risk of abuse or neglect and/or future developmental delays. In addition, families with infants and toddlers also have access to School Readiness and Family Resource Centers, which have been funded through the OFCF initiative.

Statewide Risk Indicators

Ohio

0–6 Poverty rate:	21.6%
Low birthweight:	7.4%
Immunization rate:	77%
Teen births:	34 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Participation on service delivery committees. Starting Points family coordinators sit on all current program/service committees, such as the Child Care Advisory Council, Early Start, Wellness Block Grant and/or School Readiness Resource Centers. Family coordinators have helped develop program and funding guidelines.

Technical assistance. Family coordinators provide technical assistance to parent, family, community, and advocacy organizations regarding the many programs and services offered by OFCF, and help these groups develop new ones. For example, a library in a rural community developed a toy-lending program for young children and their families.

Head Start expansion. A family coordinator works with the state Head Start committee to target expansion for eligible children three years of age and younger.

Systems Change Approach

Increased family/customer involvement at the state level. Family coordinators have recruited numerous family members and family organizations to participate in state and local councils and committees. OFCF established a state Family Advisory Council with 25 active members. The council provides guidance for the state's education and welfare reform efforts.

Strategic planning. Family coordinators have engaged nontraditional community and neighborhood service providers in strategic planning processes. This helps develop a broad-based sense of ownership and promotes enhanced outcomes for children.

Early-childhood focus. The family coordinators play an important role by bringing attention to, and increasing awareness of, early-childhood issues, including information on brain development, at both the community and state levels.

Public-Engagement/Community Mobilization Approach

Enhance local parent involvement. Family coordinators work closely with all 88 local councils to ensure that families are genuinely involved in governance issues, program planning, and improving service delivery within their county.

Develop local family organizations. Family coordinators encourage and support the development of county and community parent and family groups as a mechanism to identify and nurture new parent/family leadership. Therefore, they arrange meetings, do mailings, copy material, and facilitate the development of local action plans.

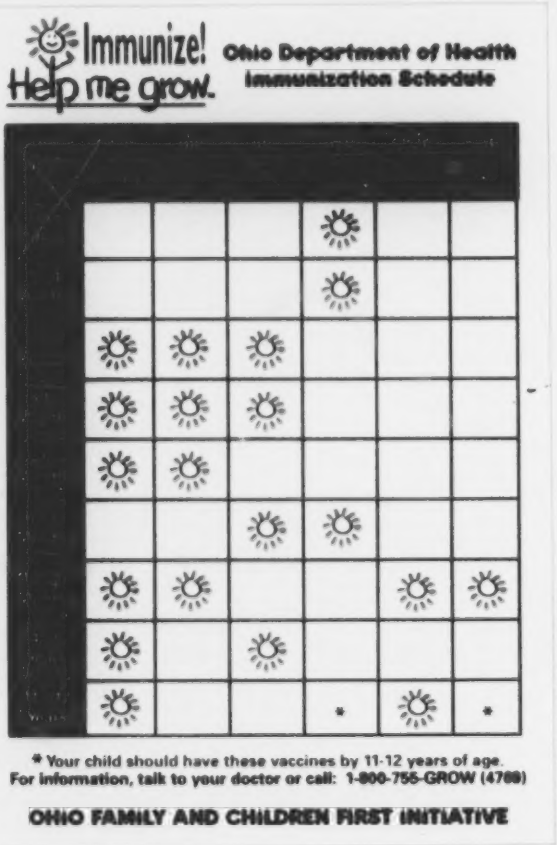
Engage a broad stakeholder base. Family coordinators have communicated the vision and goals of Starting Points and OFCF to a variety of organizations to secure broad-based community support and participation.

Parent Leadership Training Institute. A parent leadership program will be offered to families throughout Ohio through a train-the-trainers approach facilitated and implemented by the family coordinators.

Formal Learning and Development Approach

External evaluation of Starting Points. OFCF has a contract with the Center for Special Needs Populations at Ohio State University to conduct an external evaluation of Starting Points activities aimed at measuring results for children, families, services, and systems.

Results indicators. OFCF collects quarterly data on targeted result indicators for health, early-childhood education and child care, and family stability. These data are used to monitor current activities regarding program and service development and resource allocation.


Immunize!
Help me grow.
Ohio Department of Health
Immunization Schedule
* Your child should have these vaccines by 11-12 years of age.
For information, talk to your doctor or call: 1-800-755-GROW (4769)
OHIO FAMILY AND CHILDREN FIRST INITIATIVE

courtesy of The Ohio Family and Children First Initiative

A magnet distributed as part of a wellness guide for mothers who are in the "Help Me Grow" program.

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PITTSBURGH

THE PITTSBURGH STARTING POINTS INITIATIVE

PRIMARY STRATEGY:
Systems Change

OVERVIEW

Pittsburgh's Starting Points initiative involves linked approaches to community mobilization, public engagement, and systems change, often building on preexisting programs and initiatives, such as the state-supported, neighborhood-based family centers. The initiative works on systems change strategies growing from intensive community mobilization. Therefore, efforts are focused on county and state decision makers, joined with neighborhood-based strategies. The initiative is administered by the Office of Child Development at the University of Pittsburgh. Pittsburgh's Starting Points has no formal governing structure of its own but works through other preexisting structures.

THE LARGER CONTEXT

Related State and City Initiatives

Pennsylvania supports a network of community-planned and community-based Family Resource Centers that provide one-stop shopping and referrals for early care and education and family support for young children and their families. They are funded in part by the federal Family Preservation and Support program. There is also a Family Service System Reform program that challenges counties to organize collaborative boards to better integrate services across systems.

Statewide Risk Indicators

Pennsylvania	
0–6 Poverty rate:	20.3%
Low birthweight:	7.2%
Immunization rate:	80%
Teen births:	28 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

New early-childhood centers. Starting Points has helped develop a successful funding application for federally funded early-childhood centers in four public-housing communities.

Systems Change Approach

Fiscal analysis of preventive services. Starting Points conducted a fiscal analysis to provide a budgetary rationale for investing in preventive family support services in the most high-risk communities in Pittsburgh, releasing a report entitled *Potential Returns on Investment from a Comprehensive Family Center Approach in High-Risk Allegheny County Neighborhoods*.[14]

A focus on early childhood within preexisting and emerging leadership groups. In general, the systems change approach of Pittsburgh's Starting Points is playing a central role focusing attention on infants and toddlers and their family support needs into existing select city- and state-level leadership groups. For example, it co-founded the Children's Health Task Force of the Consumer Health Coalition and has staffed and supported the Youth Crime Prevention Council.

Strategies to sustain Family Services System Reform. Family Services System Reform is a state-approved effort to improve family services. Starting Points led and staffed the Family Support Policy Board Futures Committee to identify, evaluate, and recommend ways to sustain financing for family support and other system reform efforts. An increase in state line-item funds for family support centers was approved by the legislature.

Public-Engagement/Community Mobilization Approach

Developing parent spokespersons. Starting Points helps individual family members to become spokes-

persons for the continued support of neighborhood-based family resource centers. Its principal community mobilization approach has been to use the family centers to mobilize local communities.

Grassroots leadership through Community Voices. Starting Points has developed its Community Voices program to encourage and support grassroots leadership from a variety of neighborhood-based initiatives and to develop mechanisms to hold human services agencies accountable.

Child development information for parents. Starting Points has developed a series of user-friendly pamphlets for local and state decision makers, the media, and others, succinctly highlighting the findings of research in early-childhood brain development.

Targeting policymakers, the private sector, and the media. Starting Points engages state, county, and local policymakers and key members of the private sector and media in ongoing education and idea sharing through roundtables, forums, conferences, seminars, site visits, and retreats. For example, Starting Points cosponsored a conference for policymakers and leaders from the public and private sectors on brain development in very young children and its implications for parents, early care and education providers, and the public.

Plans for a broader public-awareness campaign. Starting Points is seeking support to develop a broader public-awareness and engagement campaign for both policy audiences and the public, focused on the general importance of the early years, and for community audiences, focused on a specific goal, such as the importance of early literacy.

Formal Learning and Development Approach

Preexisting evaluations. For each of the initiatives with which Starting Points is involved, an external evaluation is included.

Starting Points monitoring mechanisms. Internal mechanisms, including monthly reporting systems, are in place to track the project's activities related to each of the goals. A process evaluation is in the planning phase.

Outcome indicators. Neighborhood-based indicators are reported periodically and made available to community leaders to facilitate local decisions about resource allocation, program development, and system reform efforts.

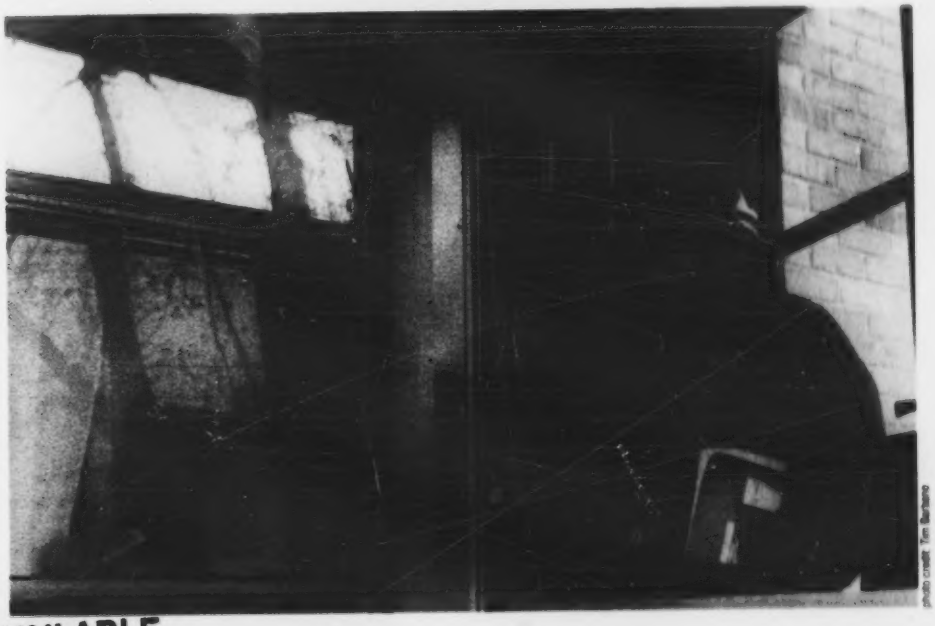

photo credit: Tim Barbano

An outreach worker from the McKees Rocks Family Support Center conducts a home visit.

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RHODE ISLAND

THE RHODE ISLAND STARTING POINTS INITIATIVE

PRIMARY STRATEGY:
Systems Change

OVERVIEW

Rhode Island's Starting Points initiative uses program development, community mobilization, and public engagement strategies to develop integrated planning and services for young children in the context of a preexisting school-linked systems change strategy. Day-to-day management of the initiative is provided by a team that includes staff of the Rhode Island Department of Health, the Department of Education, and the United Way of Southeastern New England. Oversight is provided by the Integrated Services Initiative, an arm of the state's Children's Cabinet.

THE LARGER CONTEXT

Related State Initiatives

Rhode Island supplements federal funding to local Head Start grantees and funds outreach to infants at risk of poor health or child abuse, and, under Rhode Island's new TANF[15] provisions, a child care entitlement. The Children's Cabinet addresses issues regarding programs for children and families through state- and community-level efforts. Its five-year plan explicitly addresses a more strategic use of public resources to improve prevention programs for young children and families. The state has also established Child Opportunity Zones (COZ)/Family Support Centers focusing on low-income areas in half of the state's 36 school districts, using public and private funds.

Statewide Risk Indicators

Rhode Island	
0–6 Poverty rate:	21.0%
Low birthweight:	6.3%
Immunization rate:	83%
Teen births:	32 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Encouraging community partnerships to address early-childhood needs. Starting Points has made grants to nine COZ/Family Support Centers in high-need communities to develop or expand services to young children and families through a community-directed approach. This approach builds on the state's COZ/Family Support Centers and enhances the focus on early childhood. In addition to requiring a local match, the Starting Points funds have been used to leverage additional funding through state and private sources for the grants.

Technical assistance with Starting Points partnerships. The Starting Points state team has provided technical assistance, workshops, consultation, and other support to the community grantees.

Systems Change Approach

Strategic planning based on community needs. Neighborhood Starting Points partnerships completed community resource and needs assessments and engaged in strategic planning focused on young children. Some examples of activities include increasing capacity and coordination of early-childhood home visiting, establishing a child care network in public housing, developing and staffing a lending program for safe baby equipment, establishing a lead poison treatment center, and organizing forums to address the need for family-friendly work environments.

Work with Rhode Island's Children's Cabinet. Starting Points provides information and recommendations to the Children's Cabinet about the relationship between success in school and early-childhood services and strategies, linking the Starting Points initiative with the Cabinet's goal of having "world-class third graders." For example, Starting Points has developed a series of future-oriented community profiles anticipating what will happen to

high-risk children identified in specific communities. These profiles were developed with the state's census tract tracking system, which provides information on key maternal and child health indicators, as well as developmental and economic indicators.

Work with the Juvenile Justice Task Force. Starting Points representatives have participated actively in shaping the primary prevention discussions of the gubernatorial Juvenile Justice Task Force.

Public-Engagement/Community Mobilization Approach

Coordinated public engagement strategies. Starting Points took the lead in coordinating a range of state and local efforts in Rhode Island related to the national "I Am Your Child" public-education campaign,[16] providing an opportunity for the early-childhood community to begin strategic planning around public-engagement issues.

Formal Learning and Development Approach

Starting Points evaluation. An outcome-based evaluation system is being developed to understand the impact over time of the COZ/Family Support Centers and the Starting Points initiative. This framework will guide and support self-assessment of progress at each local COZ/Family Support Center and Starting Points site.

Children having fun in a "ball pit."

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SAN FRANCISCO

THE SAN FRANCISCO STARTING POINTS INITIATIVE

PRIMARY STRATEGY:
Systems Change

OVERVIEW

San Francisco's Starting Points initiative has focused primarily on a systems change approach. It has established an Early Childhood Interagency Council (ECIC), an infrastructure for planning, coordinating, and monitoring services for young children and families that brings together government service agencies, providers, businesses, advocacy groups, parents, and foundations. The initiative is housed in the mayor's office.

THE LARGER CONTEXT

Related State and City Initiatives

California funds half- and full-day child development services, although there are no targeted programs for infants and toddlers, except if they have teen parents. The state also supports Healthy Start, a school-based planning and systems change initiative to improve the health and development of school-age children through an integrated services effort. There is no parallel state effort focused on younger children, nor is there any citywide, preexisting systems change initiative for young children and their families.

Statewide Risk Indicators

California

0–6 Poverty rate:	27.1%
Low birthweight:	5.9%
Immunization rate:	72%
Teen births:	46 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Coordinated training plan. The Early Childhood Interagency Council has established a direct services strategy committee to identify opportunities for improved services for young children. This committee will work closely with the Fiscal Policy Advisory Committee (see below).

Systems Change Approach

The Early Childhood Interagency Council. Starting Points has created a process and structure—The Early Childhood Interagency Council—with approximately 30 members, to provide citywide leadership and to develop a strategic plan for children ages birth to five. To establish an effective council in a city with complex and multiple interest groups, San Francisco's Starting Points has implemented a consensus-building model that is used for the council as a whole (with a facilitator) and by individual subcommittees (with council members as facilitators).

Core principles for systems change. Through a Visioning and Problem Analysis Task Force, the ECIC has also developed a set of core principles to guide the work of the Starting Points initiative and related service development activities.

Fiscal analysis of available children's services. Starting Points has conducted and used research on dollars and services provided for young children in San Francisco to obtain a "big picture" overview that has never before been available. This, in turn, has lead to an increase from 22 to 33 percent of local dollars available for services to young children and their families, to prioritizing the use of those dollars for access to quality, affordable child care, and to strengthening families through resources and opportunities. The Early Childhood Interagency Council has established a Fiscal Policy Advisory Committee which is working to develop specific fiscal and policy strategies to expand and improve services for young children and their families. This committee is also working to develop a Children's Budget, which will inventory all spending on children's services in San Francisco.

Planning for welfare reform. Starting Points has played a key role in planning for the city's response to

federal and state welfare reform. San Francisco Starting Points serves as staff to the mayor's Task Force on Welfare Reform to address child care and related issues, and is working closely with city agencies and community-based organizations as the implementation of welfare reform begins.

Support for children's summits. Starting Points developed a briefing paper on children and youth for seven community summits and for a citywide mayor's summit in 1996, which were held as part of San Francisco's Children's Services Plan. Starting Points is involved in planning summits for 1997 and is helping to develop the Children's Services Plan for the fiscal year 1997–1998.

Public-Engagement/Community Mobilization Approach

A future public-education campaign. The ECIC plans to implement a public-education campaign about the importance of children's early years.

Formal Learning and Development Approach

Evaluation plans. Starting Points is not planning to have a separate evaluation of its efforts. Instead, the aim is to use existing evaluations to describe system improvements, service improvements, and improved outcomes for children. However, there is no formal evaluation design at this time.

Plans for developing children's outcome data. In the future, Starting Points hopes to address the challenge of building a citywide capacity to develop and use outcome data. Starting Points is in the beginning stages of this effort and is working to develop a strategic vision and guiding principles for this effort.

photo credit: Jan Li

Three-year-old learns the joys of finger painting.

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VERMONT

THE VERMONT STARTING POINTS INITIATIVE

PRIMARY STRATEGY:
Systems Change

OVERVIEW

Vermont's Starting Points initiative focuses on improving program quality in the context of a variety of preexisting state and community systems change initiatives. Starting Points is being used to mobilize communities around an early-childhood agenda. Leadership comes from the Governor and his cabinet as part of the Governor's Campaign for Children. Vermont's Starting Points is a partnership of three agencies: (1) the Early Childhood Work Group, which provides operational structure; (2) the Vermont Community Foundation, which provides links to the business and private funding communities; and (3) the Parent Leadership Alliance, which provides ongoing feedback and advice. The initiative is administered and coordinated through the Central Office of the Agency of Human Services.

THE LARGER CONTEXT

Related State Initiatives

Vermont funds a statewide array of interconnected program and planning strategies explicitly targeting young children and their families. Programs include a statewide network of parent-child centers for infants and toddlers and an enhanced prekindergarten program. State-level planning is carried out by the state's Early Childhood Work Group, which includes parents, representatives of state agencies, early-childhood advocates, and service providers.

Statewide Risk Indicators

Vermont

0–6 Poverty rate:	13.5%
Low birthweight:	5.6%
Immunization rate:	88%
Teen births:	17 per thousand

THE STARTING POINTS INITIATIVE

Program Development/Quality Improvement Approach

Starting Points networks. Starting Points funding is used to support networks of service providers to cover all regions in Vermont (all 12 are operational). The goal of the networks is to integrate existing resources and implement training and technical assistance for service providers.

An early-childhood focus in Success by Six expansion. In a related effort, the legislature expanded the Success by Six initiative to ensure a Welcome Baby visit for every newborn and Healthy Babies, a home visiting program.

Systems Change Approach

The Child Care Fund. Starting Points provides support to the Child Care Fund (housed in the Vermont Community Foundation), whose goal is to bring together business leaders, child care advocates, and public officials to support and improve child care. It offers training and technical assistance opportunities, provides a grant or loan fund, and implements public-awareness strategies.

Public-Engagement/Community Mobilization Approach

A two-day conference on Starting Points. To begin the initiative, Vermont's Starting Points convened a two-day conference to forge an alliance of child care providers, legislators, state child care employees, and foster parents.

How Are the Children campaign. The Child Care Fund of Vermont is engaged in a three-year public-engagement "How Are the Children" campaign, carried out in conjunction with the Early Childhood Work Group.

Community data profiles. Training for communities is provided on how to use the community data profile.

These profiles provide each county and school district with a ten-year trend analysis about the well-being of children and families in the area. They are used to plan resource allocation and programs.

Formal Learning and Development Approach

Tracking of indicator data to assess progress toward Starting Points goals and objectives. Vermont is evaluating its Starting Points initiative by tracking indicators of progress toward each of its Starting Points goals and objectives. For example, the state is tracking progress toward meeting the objective of promoting responsible parenthood by measuring adolescent pregnancy rates. Vermont had engaged in a process of developing this indicator data prior to beginning the Starting Points grant. The state is also using data from a number of ongoing related evaluations to enhance its learning about young children and families, including one study to evaluate early-childhood services and another to develop a protocol for a longitudinal impact study.

photo credit: Ken Bennett

An infant explores his world.

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WEST VIRGINIA

THE WEST VIRGINIA STARTING POINTS INITIATIVE

PRIMARY STRATEGY:

Program Development/ Quality Improvement

OVERVIEW

West Virginia's Starting Points initiative uses a combined program development and community mobilization strategy to develop integrated planning and services for young children in the context of a preexisting state systems change strategy, building on its Family Service Networks. The initiative is housed in the Governor's Cabinet on Children and Families. The goals and activities of Starting Points are a part of the Cabinet's early-childhood initiatives, and the coordinator of those initiatives is the Starting Points coordinator.

THE LARGER CONTEXT

Related State Initiatives

Over the past several years, West Virginia has made a concerted effort to improve early care and education services and to create a community mobilization strategy by building Family Resource Networks, which carry out needs assessment, strategic planning, and resource development in the context of local community needs. The networks include parents, advocates, business leaders, local government officials, religious leaders, and service providers. To date, much of the effort has focused on preschool-age children and their families. A Cabinet on Children and Families, established through education reform legislation in 1990, enables state department heads and legislative leaders to work together across systems. This cabinet is advised by the Families First Council, which consists of state, local, and consumer representatives and acts as a liaison between state agencies and communities.

Statewide Risk Indicators

West Virginia	
0–6 Poverty rate:	40.0%
Low birthweight:	7.2%
Immunization rate:	68%
Teen births:	33 per thousand

THE STARTING POINTS APPROACH

Program Development/Quality Improvement Approach

Starting Points Early-Childhood Centers. Family Resource Networks in nine counties have been awarded grants to develop Starting Points neighborhood centers for parents with young children to bring together comprehensive services and supports. These services must include case management, health and developmental screenings, parent education, preschool education, home visiting, and information about and referral to other services. Starting Points funds were combined with other sources to fund the centers, such as federal funds from the community-based Family Resource Program. A federal grant from the Maternal and Child Health Bureau is used to enhance health systems development activities.

Technical assistance efforts to the centers. Starting Points centers have received substantial technical assistance through phone consultations and on-site support. In addition, two statewide Starting Points technical assistance meetings were held for leadership teams from all nine centers to establish a support network among the new Starting Points center sites to facilitate learning and development. West Virginia's Starting Points conducted a survey to assess community needs for training and technical assistance, which resulted in individualized technical assistance for different parts of the state. This, in turn, led to supplemental support from the Governor's discretionary fund to provide additional technical assistance.

Systems Change Approach

Strengthening early-childhood focus in existing state initiatives. Because the Starting Points initiative is nested within the Governor's Cabinet on Children and Families, its work has increased the focus on early-childhood issues within the state's larger systems change efforts.

Public-Engagement/Community Mobilization Approach

Business champions. As part of Starting Points, the Cabinet contracted with the West Virginia Kids Count Fund to develop a business champions group to promote early-childhood intervention.

Development of public-awareness materials. In conjunction with Starting Points, several public-awareness materials have been developed, including two brochures on information and referral services for families, a growth chart, and other related materials.

Education of policymakers on the importance of child care. As part of the Starting Points initiative, a slide show was developed on "Child Care: The Quiet Crisis," targeting policymakers. That and other efforts resulted in a $2 million increase in state spending for quality, affordable child care.

Community engagement. Starting Points works with the Family Resource Networks through regularly scheduled meetings to engage and educate the community about the importance of the earliest years.

Formal Learning and Development Approach

Integrated Starting Points evaluation within larger learning and development strategy. The Starting Points evaluation will be incorporated in the five-year Child and Family Service Plan required of the Family Service Networks, which includes goals, objectives, and outcome measures for improving the service system for children and families. The evaluation team will also develop a standardized self-evaluation to identify elements of local Starting Points models that can be replicated.

photo credit: River Valley Child Development Services and Mountainside Media

Child plays at the Children's Center in Lincoln County, West Virginia.

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Learning from Starting Points: Lessons and Conclusions

This section highlights the primary lessons learned by Starting Points grantees. It is based on our analysis of the profiles and also reflects the insights gleaned by the documentation team, the Strategic Partners, and, most importantly, the sites themselves on transforming the "quiet crisis" into an action agenda for young children and their families.

SETTING THE STAGE: THE LARGER CONTEXT

State policies related to young children and their families

State policy is a major determinant of the level of resources, program development, and planning attention given to young children. A recent report[17] indicates that many, but not all, of the Starting Points states have made considerable efforts to develop statewide program and planning initiatives on behalf of young children. However, only one of the four city-only Starting Points initiatives was located in a state with a systems change initiative focused on young children, although two were in states with a systems change initiative focused on another group of children (i.e., California has a Healthy Start initiative for school-age children).

Young child poverty

Poverty is a major risk factor for children. Poverty rates provide information about the magnitude of needy children and families in states and cities. In 1994, the national young child poverty rate (YCPR) was 25 percent.[18] Across Starting Points sites, over the five-year period, 1990–1994, the state YCPR varied considerably, from a low of 13.5 percent in Vermont to 40 percent in West Virginia. (For the YCPR for each of the states with a Starting Points project, see Appendix C.) Of the 14 states in which the Starting Points sites are located, nine states had YCPRs just below the national average, three above the national average, and the remainder had YCPRs at the national average. However, state-level data do not necessarily reflect the level of risk in the Starting Points cities.

HOW THE SITES USED STARTING POINTS: CROSS-SITE PATTERNS

Although the approaches used by each Starting Points site to meet the Starting Points goals is uniquely crafted to fit the state and community context, a number of patterns emerged. These relate to:

- the ways that sites have built on preexisting systems change initiatives;
- site's choice of strategies; and
- the content areas that sites emphasize (e.g., health care, child care, family support).

Starting Points and Preexisting Children's Initiatives

- Three states with preexisting systems change efforts not focused specifically on infants and toddlers (Georgia, Rhode Island, and West Virginia) used Starting Points to develop an explicit focus on young children and families within the context of the larger initiative.
- Two of the six states with preexisting systems change efforts already focused on young children and families (North Carolina and Vermont) and used Starting Points to develop and/or intensify systems change strategies focused on quality improvement.
- Two states without coherent, preexisting, integrated systems change strategies, but with components of such strategies (Florida and Hawaii), focused on developing support for early childhood on both the state and community levels, and on enhancing coordination on the state level.
- Vermont, Ohio, and North Carolina most deliberately integrated the Starting Points effort into preexisting state initiatives.
- Only one of the city-only Starting Points sites was in a state with a preexisting systems change initiative for young children.

The Starting Points Strategies Used

- In a few Starting Points sites, a dominant strategy was clearly evident. However, in most sites, a combination of strategies, including program development, community mobilization, and efforts focused on systems change and policy development, were used to implement the initiative.
- In three of the four city-only Starting Points initiatives (Boston, Pittsburgh, and San Francisco), the primary focus has been on creating or strengthening the city's leadership capacity to call attention to and address the needs of young children and their families. In the fourth city (Baltimore), a program-linked strategy has driven the larger change efforts. (As noted before, only one of the city-only sites was in a state with an existing systems change initiative for young children.)

- Three states (Colorado, Rhode Island, and West Virginia) created new statewide program strategies for infants and toddlers, one involving a volunteer home-visiting program and two involving the development of family resource centers targeting families with infants and toddlers.
- More than half of the sites used the initiative to strengthen the service delivery systems for infants and toddlers and their families, expanding home-visiting programs, developing family resource centers focused on very young children and families, or improving the quality of early care programs.
- Florida and Hawaii reported that their primary strategy was a community mobilization effort designed to call attention to the importance of early childhood. The former capitalized on the recent attention to the findings from brain research[19] as a vehicle to engage the broader community throughout the state. Hawaii's strategy is to use ethnic traditions to build support for early childhood at the neighborhood level.

Content of Strategies

- Three sites focused explicit attention on health-linked strategies, three on the development or enhancement of family support program strategies, and three on general child care quality improvement. Several sites also focused on ensuring that new families were connected to needed supports. In the other sites, the emphasis was not on a particular substantive domain (e.g. health care, child care, or family support), but on strengthening the processes for enhancing outcomes for young children.

These patterns suggest a certain logic to ways in which the sites used the Starting Points funds to enhance their early-childhood agenda and to meet the Carnegie Corporation's overarching goals for Starting Points. They also illustrate the important strategic role of an outside catalyst (in this instance, the Carnegie Corporation) to help states enhance systems change visions by enabling the states to focus needed energy and resources on a specific target population (in this instance, young children). Starting Points site directors and the Strategic Partners perceived this to be a somewhat unusual and a very much appreciated approach.

INDICATORS OF PROGRESS: THE VALUE ADDED OF STARTING POINTS

There is shared recognition that an overall evaluation of the Starting Points initiative is not realistic, given the absence of a shared set of outcome indicators, the varied approaches of the initiatives, and the short time frame. Thus, there is no documentation of formal, cross-site measures of progress. However, sites did report indicators of progress of several different types. These included increased resources focused on young children in families, new or expanded program models, increased attention to quality, increased cross-system leadership at the local and state levels that in turn has brought new resources and partners to the table, new awareness of the importance of identifying appropriate and shared outcome indicators, and a respect for meaningful evaluations that address real questions of interest to the participants.

In particular, it appears that Starting Points often was a major influence in shaping state legislation and/or accessing federal funds. In two cases, resources were increased for an existing initiative, even in the face of shifts in either legislative or gubernatorial party leadership, signaling that the Starting Points effort was able to make a convincing case that investing in young children is not a partisan issue. In other sites, the Starting Points strategy was influential in increasing support for a statewide screening initiative for infants and toddlers, as well as increasing dollars for family resource centers.

Similarly, with respect to program development, existing models of service have been initiated and/or expanded. In one instance, for example, a program approach has grown from a health-related focus on infants to include the development of a more comprehensive early-childhood program for infants and toddlers. In several other sites, community-based family support strategies focusing on infants and toddlers have been seeded.

SIX KEY LESSONS IDENTIFIED BY THE SITES

The 14 Starting Points sites are pioneers in developing coherent, interconnected strategies to increase the public and policymaking commitment to the earliest years. When asked to reflect upon the lessons learned based on the challenge, the site leaders and the Strategic Partners shared insights that have important implications for the evolution of the Starting Points initiatives, and for others as well. Six key themes emerged.

SIX KEY LESSONS IDENTIFIED BY THE SITE TEAMS

1. **Building new state-community partnerships requires a delicate balance.**
2. **One strategy leads to multiple strategies.**
3. **The view from the cities is different from that from the states.**
4. **Training and technical support that facilitates national, state, and local networking and peer-to-peer dialogue seems most effective.**
5. **Public-engagement and community mobilization strategies require careful tailoring and coordination, building on national momentum.**
6. **Improving opportunities and outcomes for young children and families takes time.**

Building New State-Community Partnerships Requires a Delicate Balance

From a state-level perspective, orchestrating changes in the ways in which states, communities, providers, policymakers, and the media respond to the needs of children and families requires what was described as "a delicate balance"—one that allows communities autonomy and decision making—but at the same time provides some overarching objectives, expected outcomes, and supports. This calls for a new pattern of partnership. Much as family-centered practice calls upon families to see themselves in a new light and professionals to engage with families in new ways, so too, a new kind of relationship between states and communities calls for changes both in what the state does and in how communities see themselves and their ability to generate and implement local solutions.

To accomplish this shift, the states are using a variety of approaches. For example, they are:

- establishing a set of required core services for infants and toddlers, but encouraging communities to develop additional services;
- requiring that a community planning process address several community-building functions to bring stakeholders to the table, but, within that, leaving the priorities and the strategies up to the communities; and
- establishing deliberate strategies to bring local leadership to state-level decision-making forums or establishing other feedback loops for dialogue between communities and the state.

Not surprisingly, from the city-level perspective, this delicate-balance issue was most relevant where there was both a citywide and a community focus, such as in Boston, Baltimore, and Pittsburgh. At the same time, for all the cities, building a vehicle that could become a force for sustained leadership on behalf of young children and their families seemed the most dominant issue, along with challenges about how to get beyond issues of turf and fragmentation.

One Strategy Leads to Multiple Strategies

Many sites found as they implemented Starting Points that the approaches originally selected evolved to encompass multiple strategies, often in response to new opportunities and challenges. For instance, two state initiatives created neighborhood-based Starting Points centers. These centers became the natural locus for efforts to develop high-quality child care for young

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children in response to new needs created by welfare reform. The Starting Points initiatives also helped to broaden the strategies and perspectives of existing, related initiatives. For example, as a result of Baltimore's Starting Points initiative, a city-level initiative to implement Healthy Start for young children expanded its vision to include early-childhood issues for infants and toddlers, as well as a health care focus.

The message from this trend is clear. When a Starting Points site has a clear goal or vision, an initial focus on one strategy almost inevitably has positive spin-off effects in relation to other efforts to influence policies and overall strategies on behalf of young children and their families. This suggests the importance of getting started and being attuned to related opportunities.

The View from the Cities Is Different from That from the States

The city-level grants have turned the spotlight on a hitherto ignored reality. In many of the major cities and counties of this country, there is no clear locus for broad-scale leadership on behalf of young children and families. There are policymakers, providers, and local neighborhood leaders, but typically these different stakeholders do not come together to plan, think strategically, and thrash out a shared vision for children and their families. Put differently, although states have had many opportunities to build a shared state-level vision (sometimes spurred by outside catalysts such as foundations), there has been no parallel effort focused at the local level. In this respect, Starting Points has clearly broken new ground, and, in the process, generated some important lessons.

Those involved in the city initiatives agreed that, although very difficult, there is a critical need to build the kind of multistakeholder leadership forum that Starting Points has seeded. Indeed, they were unanimous in their appreciation of the Carnegie Corporation for funding city-only grants. Second, those involved in the city initiatives agreed that it was probably an asset not to have the state directly involved in the leadership effort, at least initially. (As stated before, almost all of the city initiatives were located in states without preexisting statewide initiatives for children and families.)

At the same time, the unanimous sense of the group was that multistakeholder, core city- or county-level leadership is a vehicle likely, over time, to promote better relationships with the state whether or not the state itself mounted a larger systems change effort. This, in fact, was already visible in some of the sites, where the presence of city-level leadership has already promoted positive change. For example, a family support grant submitted by a city site to the federal government was awarded, while several competing ones were not. Another city site gained state resources and support for continuing a program strategy through a political transition.

There was also a strong feeling that mounting a substantive city- or county-level systems change initiative with technical assistance and support could also help interrupt the local power politics that often defeat efforts to create systems of supports for children and families at the city and county level. To underscore this, it was suggested that, in some instances, a county-level focus would have been more appropriate (or even a city-county focus) than just a city-level focus. This suggests that in future strategies, the jurisdiction of the target site be consistent with its particular local governance structure.

Finally, it was also suggested that a forum for leadership at the city or county level might, in fact, be a necessary condition for a successful state-city initiative. There was a shared perception that the state-city grants were in some ways the most challenging. Of these types of Starting Points initiatives, one of the cities was located in a state with many initiatives for young children but no overall state-level strategic planning effort targeting them (although there was a systems change strategy for another target group of children). Another city was located in a state with a clear systems change strategy targeting all children. In both instances, the city-state initiative did not include an explicit citywide and/or countywide focus, which the participants felt would have made it easier to move forward. In effect,

given the historical nature of city-state, county-state power struggles and complex politics, the shared wisdom was that targeted, substantive leadership has to exist at both levels to have an effective initiative focused on young children and families.

A Framework for Training and Technical Support That Facilitates National, State, and Local Networking and Peer-to-Peer Dialogue Seems Most Effective

The states working closely with multiple communities in the context of preexisting systems change strategies all wrestled with approaches to ensure that communities and program providers have the necessary skills and supportive opportunities to be able to meet the goals of the initiative. Here, too, the site leaders noted that there was a "delicate balance:" how to ensure that the necessary training and technical assistance were available while ensuring that local sites were also able to identify their own training and support needs.

This theme was particularly clear for those sites seeking to mobilize community leadership rather than institute a specific program or model. There was a shared sense that the sites had seriously underestimated the degree of help that communities needed to create viable child-focused planning strategies. What is at stake, one observer noted, is helping communities shift from a "program-as-solution" mindset to a problem-solving approach, with the communities generating their own needs assessment and solutions. The basic needs of sites led one state, for example, to develop training strategies on conflict management within a planning process.

Two sites that established brokering systems for technical assistance found this approach to be useful but also believed a more strategic overall plan was necessary. Reflecting this, one state began to bring vendors together periodically to discuss new developments and identify new approaches. Greater consistency of advice was achieved to address typical issues experienced by the local sites. Another site was able to make a convincing case for accessing surplus discretionary funds for a full-time technical assistance position.

Some of the sites moving from pilot community implementation to statewide implementation found that later cohorts needed more basic support and more intensive technical assistance than did the earlier ones. While not surprising, this is an important consideration in resource allocation for training and technical assistance.

The city-level grants have turned the spotlight on a hitherto ignored reality. In many of the major cities and counties of this country, there is no clear locus for broad-scale leadership on behalf of young children and families.

Overall, the general sense was that training and technical assistance was a potentially powerful tool to build local-level leadership, but as with many other aspects of a complex initiative, it was labor intensive and relationship dependent. Many states had to transform the traditional and linear ways in which they thought about technical assistance. The forms of technical assistance that evolved during the course of the Starting Points initiative provide a model for approaching the challenge of building local leadership, skills, and knowledge within the states.

Specifically, although the sites were appreciative of the opportunities to hear from national experts, they were even more appreciative of the growing efforts to foster peer-to-peer problem solving, relationship building, tools sharing, and reflecting on larger issues. They noted the way these opportunities have stretched their own thinking and vision, providing, in effect, a protected environment—a laboratory—in which to grow. Similarly, as sites became more familiar with the expertise that each was developing, they either visited one another on their own, attended training and conferences at other sites, or sent others to spread the message back home. It was also suggested that giving emerging Starting Points local leaders (not just the identified leadership) a chance to participate in some way in the national network would enhance the momentum for change in early-childhood intervention.

For leaders for whom day-to-day life is often crisis ridden and crisis driven, this incubator-type opportunity has been invaluable. In fact, one site quite directly adopted the incubator approach and combined state-offered technical assistance with a local Starting Points support network that could ask the state for help if it wanted, but whose major task was to meet periodically on their own.

Overall, the general sense was that training and technical assistance was a potentially powerful tool to build local-level leadership, but as with many other aspects of a complex initiative, it was labor intensive and relationship dependent

Public-Engagement and Community Mobilization Strategies Require Careful Tailoring and Coordination, Building on National Momentum

For the early-childhood world of policymakers, providers, and advocates, strategies to develop programs and influence policies, however newly envisioned, are part of a long-standing tradition. The use of social marketing tools, media campaigns, and other public outreach strategies are less familiar. Here, too, the sites reported lessons.

The first lesson is to "seize the moment" and capitalize on any opportunity to connect a state or local effort with a larger vision. This lesson seems obvious, but given the way states and communities typically function, is not always easy to carry out. In the context of Starting Points, the issue of *Newsweek* focusing on brain development, the White House conference, and the "I Am Your Child" public-engagement campaign were all used, either informally or deliberately, by the Starting Points leaders as ways to help drive home the message about the importance of investing in the earliest years.[20] In one state, spreading the knowledge about early brain development became the orienting principle of the initiative. In one city site, there has been an effort to use that information to reach into a low-income community and make the findings relevant to the lives of stressed families with very young children.

The second lesson is that as interest in public-engagement and media-linked strategies grows, many groups working on children's issues are engaging in their own media campaigns. (This is also true at the national level.) Some sites, recognizing the potential for public confusion and overload, convened all of the local groups working on media strategies so all could be aware of what each was planning or doing and could work toward a common theme into which each specific effort might fit. In fact, it was suggested that in a subsequent phase of Starting Points, a common theme might be developed for all sites.

Third, the sites also reported a new appreciation for the importance of targeting different public-engagement strategies to different stakeholders. They all agreed that the generic public-interest campaigns were important in setting the context, but also that targeting strategies to focus on specific key groups—primarily legislators, other public officials not so directly involved with young children and families, and families themselves—required using specific outreach strategies and putting the message into unique contexts. For example, the bottom line for business leaders (backed by hard research data) was economic. On the other hand, legislators might pay more attention to who delivered the message, while where the message was delivered (i.e., at the laundromat) might be key to reaching families. As with every other part of a comprehensive strategy, this, too, is enormously labor intensive and takes on a life (and has staffing needs) of its own.

Improving Opportunities and Outcomes for Young Children and Families Takes Time

Virtually every previous examination of systems change efforts highlights the deeply labor-intensive and relationship-dependent nature of these approaches. Thus, time and staff support necessary to orchestrate a goal-oriented, interacting change process are key, along with stable leadership. At the same time, there is great concern about how to sustain and grow the gains, particularly given the dramatically changing larger policy and program context for children, reflected in both welfare-linked and health-care changes.

TOWARD THE FUTURE

The Starting Points initiative has been defined by most of the sites as much more than simply enhancing services and policies for infants and toddlers. Rather, the site leaders have taken on the challenge of crafting and implementing new kinds of partnerships with state agencies, communities, providers, families, business leaders, the media, and the public. They have been both opportunistic and deliberate, and some initiatives have been able to accomplish more than others. But all have taken steps toward the vision of the future where infants and toddlers—indeed, all children—and their families will no longer be a quiet crisis because of the inattention of the broader society.

Endnotes

1. M. Levine. Comments: Progress of the Starting Points initiative. Prepared for the Site Directors' Meeting, Sugarbush Inn, Warren, Vermont, June 19, 1997.

2. Awards for continued support will be made in 1998.

3. These strategies include, at a minimum, systematic problem solving, experimentation with new approaches, learning from one's own experience, learning from others, and transferring knowledge quickly and efficiently throughout an organization. The three questions for the analytic paper will be: (1) What types of learning and development activities are Starting Points' grantees engaging in? (2) What barriers are unique to Starting Points' grantees as they strive to develop learning initiatives? (3) What supports are necessary to Starting Points' grantees to develop learning initiatives? The Harvard Family Research Project is taking the lead on this analytic paper. For more information on organization evolution theory see Garvin, D.A. (1993). Building a learning organization. *Harvard Business Review*, 7(4), pp 78–91.

4. The term "devolution" refers to changes in welfare policy, shifts to Medicaid managed care, and the transfer of responsibility from federal to state and, perhaps, to local governments. The paper will address three related questions: (1) How are the states in which Starting Points sites are located implementing changes related to devolution? (2) How are Starting Points sites influencing the state's response to these major policy shifts? (3) How are the sites being affected by these policy shifts? The National Center for Children in Poverty will take the lead for the analytic paper on devolution.

5. The information for this section is from three general sources: materials shared by the sites, information developed by HFRP in the course of carrying out related state projects on Results Based Accountability, and the following publications: Knitzer, J. & Page, S. (1996). *Map and track: State initiatives for young children and families*. New York, NY: National Center for Children in Poverty, Columbia School of Public Health; and National Center for Children in Poverty. (1996). *One in four: America's youngest poor*. New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

6. For source information and risk indicators for the 14 states in which there are Starting Points grantees, please see Appendix C.

7. Percentage of babies born weighing less than 5.5 pounds, 1992.

8. Percentage of two-year-olds who were fully immunized, 1995.

9. Births per 1,000 females ages 15 through 17, 1994.

10. The national data reported here are drawn largely from March Current Population Surveys, and other U.S. Bureau of the Census data, as analyzed by NCCP and other organizations. The city-level data have been specially developed by the demography staff at NCCP for the report *One in four: America's youngest poor*. See Appendix C for a full listing of the data and sources for each Starting Points site, and endnote 5.

11. The Colorado Children's Campaign is part of a nationwide network of state-level KIDS COUNT projects funded by the Annie E. Casey Foundation that provide a more detailed, community-by-community picture of the condition of children under age 18 in their own yearly state book of statistics as well as contributing data to the national series.

See Staberg, C. (1997). *Kids COUNT in Colorado! 1997*. Denver, CO: Colorado Children's Campaign.

Annie E. Casey Foundation. (1997). *KIDS COUNT data book 1997: State profiles of child well-being*. Baltimore, MD: Annie E. Casey Foundation.

12. In April 1997, the President sponsored The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children. The full text of the conference is available on the Internet at http://www.ed.gov/offices/OERI/ECI/session1.html. Two booklets released by the White House and the U.S. Department of Education—one for caregivers and one for families of young children—are also on the Internet, at http://www.ed.gov/inits/americareads/RSRkit.html or by writing to I Am Your Child, 1010 Wisconsin Avenue, NW, Suite 800, Washington, DC 20007. In conjunction with the conference, a number of other materials were released. See endnote 16 for more information on the I Am Your Child campaign.

See Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York, NY: Families and Work Institute.

National Center for Children in Poverty. (1997). *Early childhood poverty: A statistical update* [Fact Sheet]. New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

National Center for Children in Poverty. (1997). *Poverty and brain development in early childhood* [Fact Sheet]. New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

13. Florida KIDS COUNT is a partnership of the Florida Center for Children and Youth and the Florida Mental Health Institute at the University of South Florida. They publish annually the Florida KIDS COUNT data book containing detailed statistics on the well-being of children in the state of Florida. For information on the national KIDS COUNT effort sponsored by the Annie E. Casey Foundation, see endnote 11.

Goltry, K. (1997). *Florida KIDS COUNT*. Tampa, FL: Florida Mental Health Institute, University of South Florida.

14. Bruner, C. with Scott, S. & Steketee, M. W. (1996). *Potential returns on investment from a comprehensive family center approach in high-risk Allegheny County neighborhoods*. Pittsburgh, PA: University of Pittsburgh, Office of Child Development, Family Support Policy Board.

15. TANF is the Temporary Assistance to Needy Families Block Grant, one of two block grants created by P. L. 104-193—The Personal Responsibility and Work Opportunity Reconciliation Act of 1996—which eliminates the federal entitlement to welfare benefits for needy families, and gives most states a grant of funds, based on their welfare program spending in fiscal year 1994, to administer their own welfare programs. TANF replaces the former welfare programs AFDC, EA, and JOBS, with fifty-one state-designed welfare programs that were implemented on July 1, 1997. TANF funds place strict requirements on families receiving benefits, including five-year time limits for receiving cash benefits, strict work requirements for single and two-parent families, maintenance of effort criteria, limits on benefits to teenage parents, incentives to reduce the adolescent pregnancy rate, performance bonuses for rewarding work and reducing out-of-wedlock births, and limits on benefits to those convicted of drug-related crimes.

16. The "I Am Your Child" campaign is a new national public-awareness and engagement campaign, founded by Rob Reiner and Michele Singer Reiner, to make early-childhood development a major priority for the U.S. and to promote family and community involvement in young children's healthy development. Recent brain research has revealed that the first three years of a child's life are more important for emotional and intellectual growth than previously believed. The campaign began on Monday, April 28th, with a television special of the same name produced by Reiner, and will continue for three years. The campaign has the support of numerous national corporations, entertainment leaders, elected officials, state organizations, health professions, foundations, and local advocates. Further information on the national campaign is available on the Internet at: http://iamyourchild.org, or write to I Am Your Child, 1010 Wisconsin Avenue, NW, Suite 800, Washington, DC 20007. See endnote 12 for information on a White House conference exploring recent brain research.

17. See Knitzer & Page in endnote 5.

18. Based on NCCP analysis of U.S. Bureau of the Census data from the Current Population Surveys, 1990–1994. See *One in four: America's youngest poor* in endnote 5.

19. See endnotes 12 and 16.

20. *Ibid.*

See also Begley, S. (1996). Your child's brain. *Newsweek*, 127(Feb. 19), pp.55–62.

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APPENDIX A

Starting Points Strategic Partners

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APPENDIX B

Starting Points Sites at a Glance

Starting Points Sites	Primary Strategy			Larger State/City Context		
	Program Development / Quality Improvement	Systems Change	Public Engagement / Community Mobilization	Preexisting major state systems change intiative		No preexisting major state systems change initiative
				for children 0–6	for children of all ages	
Baltimore	✓				✓	
Boston		✓				✓
Colorado			✓	✓		
Florida			✓			✓
Georgia/ Atlanta		✓			✓	
Hawaii			✓			
Minnesota/ Minneapolis	✓				✓	
North Carolina		✓		✓		
Ohio			✓	✓		
Pittsburgh		✓		✓		
Rhode Island		✓			✓	
San Francisco		✓				✓
Vermont		✓		✓		
West Virginia	✓			✓		

Note: Shaded sites are city-sites or city-state partnership sites.

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APPENDIX C

Starting Points Sites: Statewide Indicators of Risk

States in which Starting Points sites are located	0–6 Poverty Rate[1]	Low Birthweight Rate[2]	Immunization Rate[3]	Teen Births[4]
California (San Francisco)	**27.1%**	**5.9%**	**72%**	**46**
Colorado	21.7%	8.5%	74%	34
Florida	27.0%	7.4%	78%	42
Georgia/Atlanta	**24.5%**	**8.5%**	**75%**	**49**
Hawaii	18.4%	7.2%	82%	32
Maryland (Baltimore)	**17.1%**	**8.3%**	**78%**	**32**
Massachusetts (Boston)	**19.0%**	**6.0%**	**85%**	**24**
Minnesota/Minneapolis	**21.3%**	**5.2%**	**79%**	**20**
North Carolina	24.7%	8.4%	82%	44
Ohio	21.6%	7.4%	77%	34
Pennsylvania (Pittsburgh)	**20.3%**	**7.2%**	**80%**	**28**
Rhode Island	21.0%	6.3%	83%	32
Vermont	13.5%	5.6%	88%	17
West Virginia	40.0%	7.2%	68%	33

Note: Shaded sites are city-sites or city-state partnership sites.

[1] Rate of children under age six in poverty, five-year average, 1990–1994.
Source: NCCP analyses of data from the U.S. Bureau of the Census, Current Population Surveys, as published in National Center for Children in Poverty. (1996). *One in four: America's youngest poor.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health. The official poverty threshold in 1994 was $11,821 for a family of three and $15,141 for a family of four.

[2] Percentage of babies born weighing less than 5.5 pounds, 1992.
Source: Based on data in Ventura, S. J.; Martin, J. A.; Taffell, S. M.; Mathews, T. J.; & Clarke, S. C. (1994). Advance report of final natality statistics, 1992. *Monthly Vital Statistics Report,* 43(5), Suppl., p. 51, Table 16, as published in Knitzer, J. & Page, S. (1996). *Map and track: State initiatives for young children and families.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

[3] Percentage of two-year-olds who were fully immunized, 1995.
Source: Annie E. Casey Foundation. (1997). *KIDS COUNT data book 1997: State profiles of child well-being.* Baltimore, MD: Annie E. Casey Foundation.

[4] Births per 1,000 females ages 15 through 17, 1994.
Source: Annie E. Casey Foundation. (1997). *KIDS COUNT data book 1997: State profiles of child well-being.* Baltimore, MD: Annie E. Casey Foundation.

APPENDIX D

Starting Points Site Descriptions: Summary of Strategic Approaches by Site

Starting Points Sites	Program Development/ Quality Improvement	Systems Change	Public Engagement/ Community Mobilization	Formal Learning and Development Approach
Baltimore	Healthy Start expansion for children who are under three but too old for Healthy Start's eligibility guidelines A neighborhood-based program modeled after Early Head Start. Expanded and linked child care settings for infants and toddlers. Violence prevention and community safety training in Healthy Start/Starting Points programming.	Enriched case management in Medicaid managed care. Increased awareness of early-childhood issues within the Healthy Start steering committee. Client tracking system and evaluation strategies for Healthy Start/ Starting Points project. Replication of the Healthy Start/Starting Points service delivery model to other areas in Baltimore.	Education about brain development and its implications in Healthy Start/Starting Points target communities. Reach Out and Read Campaign in Baltimore City. Partnership with a statewide public-engagement campaign coordinated by Friends of the Family.	Program outcome evaluation with individual and community-level components integrated into the Healthy Start outcome evaluation.
Boston	"Circles of Caring" project to integrate services and expand resources to parents in communities.	The Connecting the Dots for Boston Tots Coalition, a broad coalition with working groups on neighborhood action, public policy, and public awareness.	Intensive parent engagement through a parent leadership group and a citywide parents' network. Parent Training of Trainers workshop. Legislative approaches to address three priorities.	Participatory process evaluation. Development of accessible data base.
Colorado	"Warm Welcome" home-visiting program for newborns and their families using trained volunteers. Materials for parents on child health, development, safety, and on choosing child care.		Development of a broad constituency to support the early-childhood agenda. Outreach to employers to improve workplace policies and programs related to child care, parental leave, and family support. A comprehensive media campaign. Support of a policy agenda.	Survey to assess scope of initiative. Formal evaluation of Warm Welcome.

Starting Points Sites	Program Development/ Quality Improvement	Systems Change	Public Engagement/ Community Mobilization	Formal Learning and Development Approach
Florida	Technical assistance for local groups through a consultant to local programs.	Coordination with TEAM Florida, a family preservation/family support consortium.	Community mobilization based on a "train-the-trainers" approach, using research on early brain development. Targeted media campaign. Support of an early-childhood legislative agenda and increased policymakers' awareness of early-childhood issues. Section in KIDS COUNT data book on early childhood.	Development of a process evaluation.
Georgia / Atlanta	Standardized screening and assessment instruments to identify at-risk infants and link families to appropriate services. Training and technical assistance to local site staff.	The Model System of Family Contact and Support to screen and contact high-risk families upon birth of a child. Expanded Children 1st screening to identify and track higher-risk children.	Communications plan on the importance of early childhood.	Self-assessment evaluation.
Hawaii		Coordination with Good Beginnings, a statewide early-childhood initiative. State-level intergovernmental coordination. Promoting a medical home model and an early intervention trust fund. Informing state-level leaders about Starting Points.	Using natural leaders in the community to increase community responsiveness to local needs. Community-level public-education efforts.	Starting Points process evaluation. Outcomes-based evaluation.
Minnesota/ Minneapolis	Increased cultural sensitivity in early-childhood programs.	Enhancing Family Services Collaboratives with resources for technical assistance around early childhood.	Participation in planning a statewide campaign for children.	Multiple evaluation approaches.

Starting Points Sites	Program Development/ Quality Improvement	Systems Change	Public Engagement/ Community Mobilization	Formal Learning and Development Approach
North Carolina	Resources for technical assistance to Smart Start Partnerships. Scholarships for T.E.A.C.H., an early-childhood professional development program. Guidelines for core services for all Smart Start partnerships. Meetings of Smart Start partners on issues affecting program quality.	Enhancing local planning and coordination capacity. Local partnership advisory committee.		The existing Smart Start evaluation.
Ohio	Family coordinators' participation on service delivery committees. Technical Assistance using family coordinators. Head Start expansion targeting children under age three.	Increased family/ customer involvement in state and local councils and communities. Strategic planning with nontraditional community and neighborhood service providers.	Enhanced parent involvement in local councils and development of local family organizations. Engagement of a broad stakeholder base. Parent Leadership Training Institute.	External evaluation of Starting Points. Results indicators.
Pittsburgh	New early-childhood centers in four public housing communities.	Fiscal analysis of preventive family support services. A focus on early childhood within preexisting and emerging leadership groups. Strategies to sustain Family Services System Reform.	Developing parent spokespersons. Grassroots leadership through "Community Voices." Child development information for parents. Targeting policymakers, the private sector, and the media. Plans for a broader public-awareness campaign.	Preexisting evaluations. Starting Points monitoring mechanisms. Outcome indicators.
Rhode Island	Encouraging community partnerships to address early-childhood needs through grants to Child Opportunity Zones/ Family Support Centers. Technical assistance with Starting Points partnerships through workshops, consultation, and other supports.	Strategic planning based on community needs. Work with Rhode Island's Children's Cabinet. Work with the Juvenile Justice Task Force.	Coordinated public-engagement strategies.	Outcome-based evaluation of the Child Opportunity Zones/ Family Support Centers and the Starting Points initiative.

Starting Points Sites	Program Development/ Quality Improvement	Systems Change	Public Engagement/ Community Mobilization	Formal Learning and Development Approach
San Francisco	Coordinated training plan.	The Early Childhood Interagency Council to provide citywide leadership and develop a strategic plan for children age five and under. Core principles for systems change to guide Starting Points work. Fiscal analysis of available children's services. Planning for welfare reform. Support for children's summits to develop children's services plans.	A future public-education campaign.	Use of existing evaluations. Plans for developing children's outcome data.
Vermont	Starting Points networks of service providers in all regions of Vermont. An early-childhood focus in Success by Six expansion.	Support to the Child Care Fund.	A two-day conference on Starting Points. A three-year "How Are the Children" public-engagement campaign. Community data profiles.	Tracking of indicator data to assess progress toward Starting Points goals and objectives.
West Virginia	Starting Points Early-Childhood Centers for Family Resource Networks in nine counties. Technical assistance efforts to the early-childhood centers.	Strengthening early-childhood focus in existing state initiatives.	"Business Champions" to promote early-childhood intervention. Development of public-awareness materials. Education of policymakers on the importance of child care. Community engagement about earliest years through Family Resource Networks.	Integrate Starting Points evaluation within a larger learning and development strategy.